

AUTO CR - LOG SUMMARY #1075192

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Witness						M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
		2212	022	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee Accused	UNKNOWN,					ON Duty	THE REPORTING PARTY ALLEGES THAT THE ACCUSED OFFICERS ENTERED HIS NEIGHBOR'S YARDS AND ISSUED THEM CITATIONS WITHOUT JUSTIFICATION. HE ALSO ALLEGES THAT THE ACCUSED OFFICERS ISSUE CITATIONS TO ALL OF HIS BLACK NEIGHBORS.

Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Victim/Subject	Unknown								

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	INTERNET
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
10Z - GROUP 10 - OPERATION/PERSONNEL VIOLATIONS (ON DUTY) MISCELLANEOUS	Y	Y

Investigator History

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	28-MAY-2015 09:45	KLIMAS, ROBERT	COMMANDER	121 /	
PENDING ADMINISTRATIVE CLOSURE	19-MAY-2015 09:48	WATSON, JOHN	POLICE OFFICER	121 /	
PENDING ASSIGN TEAM	19-MAY-2015 09:11	DUNN, BRENDA	SERGEANT OF POLICE	121 /	ADMIN CIOSE unable to contace C/V, futher info needed to determine justification
PENDING APPROVE TEAM	18-MAY-2015 09:00	WATSON, JOHN	POLICE OFFICER	121 /	
PENDING ASSIGN TEAM	15-MAY-2015 05:30	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	15-MAY-2015 04:49	STEWART, DENISE	INTAKE AIDE	113 /	
PRELIMINARY	15-MAY-2015 04:44	STEWART, DENISE	INTAKE AIDE	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					STEWART, DENISE	15-MAY-2015 04:44			
	DOCUMENTS - INTAKE INCIDENT		2		N	STEWART, DENISE	15-MAY-2015 04:49	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 15-MAY-2015) - LOG #1075192

TYPE: INFO

Reporting Party Information

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NON-CPD Reporting Party Witness						M	WHI		

Incident Information

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Incident Details

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Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
10Z - GROUP 10 - OPERATION/PERSONNEL VIOLATIONS (ON DUTY) MISCELLANEOUS	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IAD	DISTRICT/UNIT	-	18-MAY-2015 09:00	WATSON, JOHN	
IAD	INTERNAL AFFAIRS DIVISION	-	15-MAY-2015 16:44	STEWART, DENISE	

Status History

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COMPLAINT [REDACTED]

YOUR PERSONAL INFORMATION

Complaint ID : [REDACTED]

Anonymous? Yes

Your injury information

Were you injured in this incident? NO

Please describe the injury :

Did you need medical attention? NO

Hospital/Medical Center :

Please describe the medical treatment :

INFORMATION ABOUT THE INCIDENT

THE POLICE DEPARTMENT FROM DISTRICT 22 HAS BEEN REALLY GETTING TO ME AND MY NEIGHBORS LATELY I'M NOT SO SURE WHY EXACTLY BUT I RECORDED TWO OFFICERS GOING IN MY NEIGHBORS BACK YARD AND PLACING TICKETS ON THIER VEHICLES THAT HAVE BEEN PARKED IN THEIR PRIVATE YARD NOT BOTHERING ANYONE AT ALL.

Description of the incident : THE SAME OFFICERS MAKE IT THIER DUTY TO COME SIT ON OUR BLOCK AT WEIRD HOURS OF THE DAY AND PUT TICKETS ON ALL THE BLACK NEIGHBORS CARS ON MY BLOCK. I HAVE RECORDED FOOTAGE OF THESE OFFICERS AND IF NOT HANDLED SOON I'M TAKING IT TO THE MEDIA TO EXPOSE THIS DEPARTMENT OF THIER HARASSMENT...

Location of the incident

Street Number : [REDACTED]

Apt No. :

Building Name :

Floor :

Unit :

Location Description :

Incident Date and Time

Date :

Time :

Evidence

Video Evidence : YES

Audio Evidence : NO

INFORMATION ABOUT THE POLICE OFFICERS

INFORMATION ABOUT VICTIMS AND WITNESSES

Witness #1 personal information

Last Name : [REDACTED]

Sex : MALE

Race : WHITE

Age :

Contact:

Witness #1 injury information

Was the witness injured in

this incident?: NO

Please describe the injury :

Did the witness need medical
attention?: NO

Hospital/Medical Center :

Please describe the medical
treatment: